
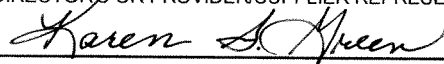


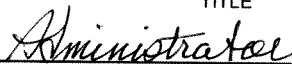
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495246	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 07/30/2015
NAME OF PROVIDER OR SUPPLIER WOODMONT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 11 DAIRY LANE FREDERICKSBURG, VA 22405		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{F 000}	INITIAL COMMENTS An unannounced Medicare/Medicaid revisit to the abbreviated survey conducted 6/4/15 through 6/5/15, was conducted 7/29/15 through 7/30/15. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care Requirements. Uncorrected deficiencies are identified within this report. Corrected deficiencies are identified on the CMS 2567 - B. The census in this 118 certified bed facility was 94 at the time of the survey. The survey sample consisted of 11 current Resident reviews (Residents #101 through #111).	{F 000}			
{F 309} SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review and clinical record review it was determined that the facility staff failed to follow physician orders for one of 11 residents in the survey sample, Resident #108. Facility staff failed to obtain Resident #108's blood pressure in the right arm as ordered by the physician. The findings include: Resident #108 was admitted to the facility on	{F 309}	This is our facility's Allegation of Compliance. Woodmont Center does not admit or deny the existence of the alleged deficiencies. Woodmont Center maintains that it is in substantial compliance and the Plan of Correction below will be completed by  Karen S. Green Administrator 8/25/2015 Date F 309 SS=D The Physician for resident #108 was made aware of staff obtaining BPs being taken in the left arm. No new orders were given. Nurses are currently obtaining BP's in the right arm. Other resident's medical records were audited for orders for BP/Blood Stick orders by our Acting DON and ADONs for compliance with physician orders.	8/25/15	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE




Administrator

8/14/2015

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{F 309}	Continued From page 1 7/20/15 with diagnoses that included but were not limited to: dementia, depression, high blood pressure and left sided mastectomy*. Resident #108's most recent MDS (minimum data set), an admission assessment, with an ARD (assessment reference date) of 7/27/15 was coded as having a BIMs (brief interview for mental status) score of nine indicating the resident was moderately impaired to make daily cognitive decisions. The resident was coded as requiring extensive assistance with dressing and personal hygiene. A review of the history and physical dated 7/4/15 from the hospital, prior to the admission to the facility documented, "PAST SURGICAL HISTORY: 1. Knee surgery 2. Mastectomy." A review of the history and physical from the facility dated and signed on 7/21/15 did not document a history of mastectomy. A review of the physician's orders dated on 7/20/15 documented, "No BP (blood pressure)/Blood Stick L (with a circle around the L, indicating left) Arm." Mastectomy - Standard advice given to patients following axillary node removal is to avoid any injection or blood pressure measurement on the ipsilateral (on the same side of the body) arm. This information was obtained from the website: http://www.ncbi.nlm.nih.gov/pubmed/170777 A review of Resident #108's MAR (medication administration record) dated 7/20/15 documented, "No BP/Blood Stick L (with a circle around the L) arm." A review of the ADL (activities of daily living) record documented on 7/20/15, "No BP/Blood stick L (with a circle around the L) arm." A review of Resident #108's care plan documented under the section titled "Resident	{F 309}	The Admission's Nurse will review all new admission H&P from the hospital for any past surgical history that would contraindicate right or left arm for BPs/Blood Sticks. The Admission Nurse will document the physician's order of which arm to use of the resident for BPs/Blood Sticks in PointClickCare and on the MAR. The nurse will document the resident's ADL information card as instruction to the assigned C.N.A. which arm should not be used for BPs. The Admission Nurse will post a sticker on the new resident's door name tag indicating if the physician has indicated a particular arm that should not be used for the BPs/Blood Sticks. Licensed nursing staff, CNAs, rehabilitation and lab supervisor has been in-serviced by nursing management on the importance of following physician orders for obtaining BPs/Blood Sticks. The Acting DON, ADONs and QA RN/Designee will audit daily resident documentation in PointClickCare for any irregularities in charting	8/25/15	8/25/15

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Event ID: NIV612

Facility ID: VA0279

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{F 309}	Continued From page 3 BP or blood draws on left arm)." On 7/30/15 at 10:33 a.m. an interview was conducted with RN #4, a staff nurse. RN #4 was Resident #108's nurse that day. RN #4 was asked when a resident is on a skilled unit who takes their vital signs. RN #4 stated, "The nurses take them on the day shift, in the evenings and nights the CNA take the vital signs." RN #4 was asked who entered the vital signs into the electronic clinical record. RN #4 stated, "The nurses, the CNA's don't document in it." RN #4 was asked how the CNAs would know if there was a special precaution when taking the vital signs. RN #4 stated, "It's on the ADL sheet." RN #4 was asked how the nurses were aware of orders written for the residents. RN #4 stated, "It's on the MAR." RN #4 was asked to go to the blood pressure summary form for Resident #108 in the electronic record, and was asked to explain what (Lying l/arm) meant. RN #4 stated, "It's the position the resident was in when it was taken (BP) and which arm it was taken in." RN #4 was asked to review the MAR order "No BP/Blood Stick L (with a circle around the L) arm." RN #4 stated, "That means no BP or blood draw should be done on the left arm." RN #4 was asked to review the blood pressure summary again. RN #4 stated, "There's a lot of left arm BPs. I know when I go in she's in bed and her right arm is closest to me so I always take it on the right side." On 7/30/15 at 12:10 p.m. an interview was conducted with RN #2, the assistant director of nursing. RN #2 was asked to look at the blood pressure summary form and was asked if she had any concerns. RN #2 stated, "My concern is we have an order for no BPs or VPs in the left arm and we have been doing BPs in the left arm." RN #2 was asked the process for the nurses in	{F 309}			

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{F 309}	Continued From page 4 following the physician's order. RN #2 stated, "The nurses are supposed to check their MARs every shift when they come in so they should review it and that's why we put it in the MAR to be aware of the needs of the patient." RN #2 was asked if there was any circumstance when a nurse should not follow a physician's order. RN #2 stated, "There is no option not to follow physician's orders unless it is out of the scope (of the nurse's) practice. RN #2 was asked if this order was out of the nurse's scope of practice. RN #2 stated, "No." A policy for following physician's orders and nursing documentation was requested and obtained. RN#2 was made aware of the findings at that time. At 12:35 p.m. ASM #1, the administrator, ASM #2, ASM #2, the manager of clinical operations and RN#2 were made aware of the findings. The facility's policy with a revision date of 10/1/12 titled, "NSG117 Transcription of Orders" documented, "PURPOSE To communicate all practitioner orders to caregivers regarding patient's care and treatment." The facility's policy with a revision date of 10/1/12 titled, "NSG113 Nursing Documentation" documented, "PURPOSE To communicate patient's status and provide accurate accounting of care and monitoring provided." In Fundamentals of Nursing, 6th edition, 2005, Patricia A. Potter and Anne Griffin Perry, Mosby, Inc; Page 419: "The physician is responsible for directing medical treatment. Nurses are obligated to follow physician's orders unless they believe the orders are in error or would harm clients." No further information was provided prior to exit. *A mastectomy is surgery to remove a breast or part of a breast. It is usually done to treat breast	{F 309}			

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F 514	<p>Continued From page 7</p> <p>The nurses' note for 7/25/15 at 11:52 a.m. documented, "All medications were given without any difficulties."</p> <p>An interview was conducted with RN (registered nurse) #3 on 7/30/15 at 12:02 p.m. The MAR for July 2015 was reviewed with RN #3. When asked why the blank was there and what did it indicate, RN #3 stated, "I'd have to contact the nurse that was on that day to see if she gave those medications."</p> <p>An interview was conducted with RN #2, the assistant director of nursing, and administrative staff member #2, the director of nursing, on 7/30/15 at 12:11 p.m. The July MAR for Resident #105 was reviewed. When asked why the blank was on the MAR and what did it indicate, RN #2 stated, "If it's not documented, it was not given."</p> <p>The comprehensive care plan dated, 7/28/15, documented, "Focus: the resident has a diagnosis of diabetes." The "Interventions" documented in part, "Administer hypoglycemic medications as ordered. Focus: Resident exhibits or is at risk for dehydration/fluid volume excess as evidenced by medications (diuretics, laxative) diagnosis of CHF (congestive heart failure)." The "Interventions" documented in part, "Administer medications as ordered."</p> <p>The facility policy, "General Dose Preparation and Medication Administration" documented, "Document necessary medication administration/treatment information (e.g., when medications are opened, when medications are given, injection site of a medications, if medications are refused, prn (as needed) medications, etc.) on appropriate forms (refer to</p>	F 514	<p>Resident MARs/TARs are being audited daily for one month by the Acting DON, ADONs, QA RN/Designee, and facility Management staff for completeness in documentation showing compliance with physician orders. Any irregularities will be recorded on the Daily Audit MARs/TARs audit sheet and given to the Acting Don, QA RN/Designee or ADONs. All nurses responsible for irregularities will be re-educated.</p> <p>After one month of daily audits the auditing staff will complete random audits weekly for two months of MARs/TARs for compliance with the residents' physician orders.</p> <p>The audit sheets will be reviewed monthly times three months during the facilities' QA meeting for continued compliance with this POC.</p>	8/25/15	

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F 514	<p>Continued From page 8</p> <p>sample Medication Administration Record and Treatment Administration Record."</p> <p>The administrator, director of nursing, administrative staff member (ASM) #3, the manager of clinical operations and RN #2, were made aware of the above concerns on 7/30/15 at 12:29 p.m.</p> <p>No further information was provided prior to exit.</p> <p>*CPAP stands for "continuous positive airway pressure." CPAP pumps air under pressure into the airway, keeping the windpipe open during sleep. The forced air delivered by CPAP prevents episodes of airway collapse that block the breathing in persons with obstructive sleep apnea and other breathing problems.</p> <p>http://www.nlm.nih.gov/medlineplus/ency/article/001916.htm</p> <p>*BiPap - Bilevel positive airway pressure (BiPAP) has a higher pressure when you breathe in and lower pressure when you breathe out.</p> <p>http://www.nlm.nih.gov/medlineplus/ency/article/001916.htm</p> <p>**Folic acid is a B vitamin. It helps the body make healthy new cells. Everyone needs folic acid.</p> <p>http://www.nlm.nih.gov/medlineplus/folicacid.html</p> <p>*** Januvia is used along with diet and exercise and sometimes with other medications to lower blood sugar levels in patients with type 2 diabetes (condition in which blood sugar is too high because the body does not produce or use insulin normally).</p> <p>http://www.nlm.nih.gov/medlineplus/druginfo/meds/a606023.html</p> <p>b. A review of the clinical record was conducted on 7/29/15. A piece of white paper with</p>	F 514			

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F 514	<p>Continued From page 9</p> <p>handwritten notes was revealed. The paper documented the date of 7/22/15, Resident #105's name and medical record number. The paper further documented, "Pt (patient) CPAP order checked and set up as ordered 13 cm (centimeters) H2O (water). Pt doesn't use O2 (oxygen). Fitting is OK with mask. Pt tolerated (sic) the setting. Nurse at the bedside showed how to turn on and off. CPAP machine H2O filled."</p> <p>The physician orders dated, 7/29/15, documented, "O2 at 2 LPM (liters per minute) continuously to maintain sats (oxygen saturation) > (greater than) 92%."</p> <p>An interview was conducted with RN (registered nurse) #3 on 7/29/15 at 2:30 p.m. When asked if Resident #105 had a CPAP machine, RN #2 stated, "No, his roommate does."</p> <p>An observation was made of Resident 105's room on 7/29/15 at 2:33 p.m. There was a CPAP machine on the other side of the room, not the side of Resident #105.</p> <p>An interview was conducted with RN #2, the assistant director of nursing, on 7/29/15 at 2:35 p.m. The chart was reviewed with RN #2. RN #2 verified that the CPAP machine was indeed for the roommate, who had the same initials as Resident #105.</p> <p>The administrator and director of nursing were made aware of these findings on 7/29/15 at 4:33 p.m.</p> <p>No further information was provided prior to exit.</p> <p>2. For Resident #111, the facility staff failed to document the administration of medications, oxygen administration and oxygen saturation levels on the medication administration record. Resident #111 was admitted to the facility on 7/11/15 with diagnoses that included but were not</p>	F 514			

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F 514	Continued From page 10 limited to: hemoptysis, chronic obstructive pulmonary disease, pneumonia, gastroesophageal reflux disease, tremors, anxiety, depression, history of uterine cancer, and a pulmonary nodule. The most recent MDS (minimum data set) assessment, a Medicare 14 day assessment, with an assessment reference date of 7/24/15, coded the resident as a 15 on the BIMS (brief interview for mental status) score indicating she was cognitively intact to make daily decisions. In Section O - Special Treatments, Procedures, and Programs, the resident was coded as using oxygen therapy while a resident in the facility. The physician orders dated, 7/11/15 and signed by the doctor on 7/11/15, documented, "O2 (oxygen) 2 LPM (liters per minute) continuous via NC (nasal cannula) to maintain sats (oxygen saturation levels) above 92%. Check O2 sats q (every) shift. Spiriva Hand inhaler 19 mcg (micrograms) 1 cap (capsule) INH (through inhalation) Q (every) day." The physician telephone order dated, 7/18/15, documented, "Add Pantoprazole 40 mg (milligrams) PO (by mouth) q HS (hours of sleep)." A physician telephone order dated, 7/28/15, documented, "Tylenol 650 mg PO BID (twice a day)." A review of the July 2015 MAR (medication administration record) was conducted. The MAR documented, "O2 @ (at) 2 LPM cont (continuous) via NC to maintain sats > (greater than) 92%." The boxes to sign this off were blank for 7/25/15 for the day and evening shift. The MAR documented, "O2 sat (a check mark with an 's' behind it indicating 'checks') Q shift." The boxes to sign this off were blank for 8/25/15 for the day and evening shift. The MAR documented, "Spiriva	F 514			

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F 514	Continued From page 11 hand inhaler* 18 mcg 1 cap INH QD (every day)." The box for 7/25/15 at 9:00 a.m. was blank. The July 2015 MAR documented, "Pantoprazole** 40 mg PO Q HS." The box for 7/25/15 at 9:00 p.m. was blank. The July 2015 MAR documented, "Tylenol 650 (used to treat pain) mg PO BID - PAIN." The box for 7/29/15 at 8:00 p.m. was blank. Resident #111's July 2015 MAR was reviewed with RN #3 on 7/30/15 at 12:02 p.m. When asked what the blanks on the MAR indicated, RN #3 stated, "I'd have to check with who worked that shift." An interview was conducted with RN #2, the assistant director of nursing, and administrative staff member (ASM) #2, the director of nursing, on 7/30/15 at 12:11 p.m. The July MAR for Resident #111 was reviewed. When asked why the blanks were there and what did they indicate, RN #2 stated, "If it's not documented, it was not given." On 7/30/15 at 12:25 p.m. RN #2 and the director of nursing presented a nurse's note dated, 7/25/15 at 11:37 a.m. The note documented, "All medications and treatments were done as ordered." The administrator, director of nursing, RN #2 and administrative staff member #3, the manager of clinical operations, were made aware of these findings on 7/30/15 at 12:29 p.m. No further information was provided prior to exit. *Tiotropium (Spiriva) is used to prevent wheezing, shortness of breath, coughing, and chest tightness in patients with chronic obstructive pulmonary disease (COPD, a group of diseases that affect the lungs and airways) such as chronic	F 514			

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F 514	<p>Continued From page 12</p> <p>bronchitis (swelling of the air passages that lead to the lungs) and emphysema (damage to air sacs in the lungs). Tiotropium is in a class of medications called bronchodilators. It works by relaxing and opening the air passages to the lungs to make breathing easier. http://www.nlm.nih.gov/medlineplus/druginfo/meds/a604018.html</p> <p>**Pantoprazole is used to treat gastroesophageal reflux disease (GERD), a condition in which backward flow of acid ... esophagus (the tube between the throat and stomach). http://vsearch.nlm.nih.gov/vivisimo/cgi-bin/query-meta?v%3Aproject=medlineplus&v%3Asources=medlineplus-bundle&query=pantoprazole.</p> <p>3. For Resident #102 the facility staff failed to document vital signs in the clinical record.</p> <p>Resident #102 was admitted to the facility on 7/22/15 with diagnoses that included but were not limited to: coronary artery disease, elevated cholesterol, and goiter* and laminectomy**.</p> <p>Resident #102's admission MDS (minimum data set), an admission assessment, was in progress at the time of the survey. The resident's nursing admission assessment of 7/22/15 at 7:54 p.m. documented, "Mental Status - 1) Alert; Oriented to: 1) Person/Place/Time." Indicating the resident was cognitively intact to make daily decisions. A review of Resident #102's MAR (medication administration record) was completed. On 7/22/15 documented on the MAR was, "FULL SET OF VITAL SIGNS (blood pressure, pulse, respirations and temperature) EVERY SHIFT FOR 72 HOURS." The sections on the MAR titled "BP (blood pressure)" and "POX (pulse oximetry)" for 7/24/15's 11:00 p.m. to 7:00 a.m. shift was blank.</p>	F 514			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495246	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 07/30/2015
NAME OF PROVIDER OR SUPPLIER WOODMONT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 11 DAIRY LANE FREDERICKSBURG, VA 22405		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 514	<p>Continued From page 13</p> <p>An interview was conducted on 7/30/15 at 8:15 a.m. with RN# 2, the assistant director of nursing. RN #2 was asked where the BP and pulse oximetry were documented for the 11:00 p.m. to 7:00 a.m. shift on 7/24/15. RN #2 stated, "I called the nurse last night and she did take them and put them on her work sheet but she did not put them on the MAR. She added it to the MAR last night." RN #2 gave a copy of the MAR to this surveyor. RN #2 had a piece of paper with room numbers and vital signs hand written on it. RN #2 stated, "This is the nurse's worksheet, you can see that she did the vital signs for Resident #102." RN #2 was asked if the sheet was dated. RN #2 stated, "No." RN #2 was asked where the nurses documented vital signs. RN #2 stated, "They document them in (name of computer software program) and on the MAR."</p> <p>An interview was conducted on 7/30/15 at 8:20 a.m. with ASM (administrative staff member) #2, the director of nursing. ASM #2 who was present during the interview with RN #2 was asked what the policy was for taking newly admitted residents' vital signs. ASM #2 stated, "We do vital signs every shift (7:00 a.m. to 3:00 p.m.; 3:00 p.m. to 11:00 p.m. and 11:00 p.m. to 7:00 a.m.) on all new residents for the first 72 hours and when the residents are on antibiotics." ASM #2 was made aware of the findings at that time. A request for a copy of the facility's policy of vital signs was requested and received.</p> <p>The facility's policy titled 'NSG242 Vital Signs' documented, "Policy - Vital signs (blood pressure, pulse, respiration, temperature) will be monitored as follows for admissions and re-admissions: Q (every) shift x (times) 72 hours ..." The policy did not document where vital signs were to be documented.</p> <p>On 7/30/15 at 12:35 p.m. ASM #1, the</p>	F 514			

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F 514	Continued From page 14 administrator; ASM #2; RN #2 and ASM # 3, the manager for clinical operations were made aware of the findings. No further information was provided prior to exit. *Goiter is an enlargement of the thyroid gland. The resulting bulge on the neck may become extremely large, but most simple goiters are brought under control before this happens. < http://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0024712/ > ** Laminectomy is a surgery to remove the lamina. This is part of a bone that makes up a vertebrae in the spine. < http://www.nlm.nih.gov/medlineplus/ency/article/007389.htm >	F 514			

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